Annexure 23

PH.D. CANDIDATE TRANSFER EVALUATION REPORT

(I) Ph.D. Scholar Transfer Details and Declaration

Current Academic Details

- Name (Mr./Ms.) : _____
- Current University : _____
- Registration Number : _____
  Year of Admission : _____
- Category : FULL TIME /PART TIME (Internal)/PART TIME (External)
- Current Department : _____
- Current Ph.D. Program/Field of Study : _____
- Contact Details : _____
- Email : _____
- Current Supervisor : _____
  (Name and Contact Details of the Current Supervisor)
- Current Supervisor (If any) : _____
  (Name and Contact Details of the Current Supervisor)
- Reason for Transfer : _____

Proposed University Information

- Proposed University : _____
- Proposed Department : _____
- Proposed Ph.D. Program/Field of Study: _____
- Proposed Supervisor (if identified): _____

Enclosures to be submitted:

- Course work completion details
- No Objection Certificate (NOC) from Current Supervisor / University
- Research Proposal details
- Publication details if any

I, _____ hereby declare that all the information provided in this annexure is true and accurate to the best of my knowledge. I understand that any false information may lead to the rejection of my transfer application.

Name and Signature of the Scholar
Date:

(II) Ph.D. Candidate Transfer Evaluation Report

Date: **Scholar Name:**

School:

Please provide rating on each of the following	Rating
Understanding of Research Topic	☐ Very Poor ☐ Poor ☐ Good ☐ Very Good ☐ Excellent
Ability to Identify and Explain Gaps in Existing Research	☐ Very Poor ☐ Poor ☐ Good ☐ Very Good ☐ Excellent
Are the findings practical and applicable in real world scenario	☐ Very Poor ☐ Poor ☐ Good ☐ Very Good ☐ Excellent
Understanding of Research Design and Methodological Approaches	☐ Very Poor ☐ Poor ☐ Good ☐ Very Good ☐ Excellent
Knowledge of Data Collection and Analysis Techniques	☐ Very Poor ☐ Poor ☐ Good ☐ Very Good ☐ Excellent
Communication and Presentation Skills	☐ Very Poor ☐ Poor ☐ Good ☐ Very Good ☐ Excellent
Evaluator Overall Recommendation	☐ Select ☐ Further Review Needed ☐ Reject
Evaluators Comments (If any)	
Credit Equivalence Committee Overall Recommendation	☐ Select ☐ Further Review Needed ☐ Reject
Credit Equivalence Committee Comments (If any)	

Name and Signature of Evaluator - 1

Name and Signature of Evaluator – 2

Dean (Faculty)

Ph.D. Program Director

Registrar Examination and Evaluation

Director-Research (Academics)

Vice-Chancellor, Alliance University